

March 12, 2003

Re: Medical Dispute Resolution  
MDR #: M2.03.0443.01  
IRO Certificate No.: 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This 49-year-old woman injured her back on \_\_\_\_, resulting in a lumbar spine fusion. She later developed spinal stenosis with nerve root compromise. On 06/18/00 she had laminotomy/foraminotomy at L5-S1, with exploration of the fusion mass (intact), and removal of the hardware (plates and screws). On 06/27/02, she was fitted with an NT2000 NMES/TENS unit, and instructed in its use.

Disputed Services:

BMR NT2000 Neuromuscular Electrical Stimulator.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the equipment in question is medically necessary in this case.

Rationale for Decision:

This is an appropriate prescription and use of the neuromuscular stimulator. A TENS unit is a recognized adjunct in chronic pain management, especially following multiple spine surgery procedures. The treating physician's reasons for prescribing the stimulator, what he expects it to accomplish are clearly stated. He documents a favorable response, with less pain, less muscle spasms, and less dependency on a walking aid. The patient is compliant in its use and takes less pain medication since using the TENS, and has improved her activities of daily living.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on March 12, 2003.

Sincerely,